

L17000071854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

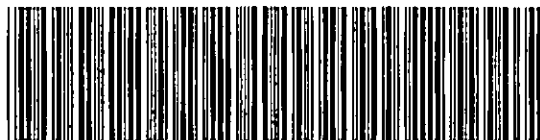
(Business Entity Name)

(Document Number)

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JUN 11 A 9:39

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Industrial Contractors, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio C. Nazario-Saez

Name of Person

Florida Industrial Contractors, LLC

Firm/Company

6271 St. Augustine Rd Ste 24-1020

Address

Jacksonville FL 32217

City/State and Zip Code

jcnazario2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Nazario

at ( 352 ) 562-7233

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

RECEIVED  
2018 JUN 11 PM 12:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUN 11 A 9:30

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Florida Industrial Contractors, LLC

2. (a) Florida Industrial Contractors, LLC (b) Florida Industrial Contractors,

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7219 Longleaf Branch Dr.

Jacksonville FL 32222

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6271 St. Augustine Rd Ste 24-1020

Jacksonville FL 32217

Legalcorps Solutions, LLC

L17000071854

3. Date of filing/registration in Florida

4. Document number

5. (a) Legalcorps Solutions, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3440 W Hollywood Blvd. Suite 415

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Hollywood, FL 33021

(b) Julio C. Nazario-Saez

Enter name of NEW Registered Agent and/or NEW Registered Office address:

6271 St. Augustine Rd Ste 24-1020

NEW Registered Office Address:

Jacksonville, FL 32217

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Julio C. Nazario-Saez  
Signature of a member or authorized representative of a member

Julio C. Nazario-Saez

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Julio C. Nazario-Saez  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00